

MONTANA BOARD OF PSYCHOLOGISTS
PO Box 200513 (301 S Park, 4th Floor)
Helena, MT 59620-0513
LICENSING PHONE: (406) 444-5773
EMAIL: dlibspsy@mt.gov WEBSITE: www.psy.mt.gov

INSTRUCTIONS FOR BEHAVIOR ANALYST LICENSURE:

FEES:

- Behavior Analyst licensure fee is \$600.00. Please enclose your payment with your application.
- Supervision fees are \$50.00 per supervisee, payable by the behavior analyst supervisor at time of commencement of supervision or licensure of behavior analyst supervisor, whichever occurs first.
- Fees are payable to the "Montana Board of Psychologists" by check, money order, or cashier's check.
- All application fees are NON-REFUNDABLE and must be received with your application to insure proper processing.
- Submission of fees and application does not ensure issuance of a license.

VERIFICATION OF CERTIFICATION OR LICENSURE:

- The applicant is responsible for requesting official verification from each state for each behavior analyst licensure or certification, and ALL professional licenses, regardless of status. The applicant is responsible for paying any fees required.
- Photocopies of licenses do not qualify as official verification and should not be included with your application.

FINGERPRINT/BACKGROUND CHECK PROCESS:

- Read and attest to reading the Noncriminal Justice Applicant's Rights form (form is included in the application).
- Fingerprint cards are available from most local law enforcement agencies and the Montana Department of Justice (DOJ). Complete the information requested at the top of the fingerprint card prior to having your prints taken and include the following information:

EMPLOYER AND ADDRESS: Board of Psychologists
PO Box 200513, Helena, MT 59620-0513

REASON FINGERPRINTED: Licensure & 37-17-403, MCA
ORI: MTVX00108

- Most local law enforcement agencies will take your fingerprints for a nominal fee. After paying this fee and having your fingerprints taken, **send the completed fingerprint card along with a check or money order for \$27.25 made payable to the "Montana Department of Justice" and mail it to Montana Criminal Records, 2225 11th Avenue, PO Box 201403, Helena MT 59620-1403.** Please check with your local post office and add accurate postage prior to mailing.
- If DOJ rejects your first fingerprint card as "unreadable," the Board office will notify you and you will need to re-submit your fingerprints. You are not required to repay the processing fee to the Montana Department of Justice under these circumstances.
- **Criminal History Record Information (CHRI) from the fingerprints is only released to the Board of Psychologists. Your application will not be considered complete until the CHRI is received from the DOJ.**

☐ **IMPORTANT INFORMATION FOR ALL APPLICANTS:**

- If the applicant is also a supervisor of assistant behavior analyst(s), behavior technician(s) and/or student intern(s), the appropriate supervision form(s) with appropriate fee(s) must also be submitted. These forms may be downloaded from the Board's website at www.psy.mt.gov
- The required original Letter of Good Standing must be sent directly to the Board office from the Behavior Analyst Certification Board (BACB) documenting applicant's passage of the behavior analysis examination, current certification level, and date of certification, as well as disciplinary action(s), if any. This may be requested from the BACB's website. The BACB currently charges an additional fee for this service.
- Documentation of 100 hours of clinical supervised experience beyond the hours set forth in the current version of the "BACB Experience Standards" required by the BACB for the current certificate level of the applicant.

-- NOTE: Each behavior analyst applicant certified by the BACB on or before December 31, 2017, shall be granted one year following licensure in which to provide proof to the board demonstrating the applicant has met the experience requirements of ARM 24.189.910(1). For applicants who are certified by the BACB after December 31, 2017, must provide proof demonstrating the applicant has met the experience requirements of ARM 24,189.910(1) at the time of application. No exceptions.

- All documents not in English must be accompanied by certified translations.
- It is critical to your licensure to not withhold any information regarding each question on the application.
- The applicant will be notified of any deficiencies in their application.
- It is the responsibility of the applicant to keep the board office informed of any name changes, address changes, changes in licensure status, complaints or proposed disciplinary action against you in this or any other state. The change of address form is available at www.psy.mt.gov.
- The practice of behavior analysis in Montana is governed by the Board's Statutes and Administrative Rules. These are found at www.psy.mt.gov, under the Regulations tab.
- Illegible and incomplete applications will be returned. *When the Board has all necessary documentation, your application will be processed.* Incomplete applications expire 12 months from the date received by the Board of Psychologists.

☐ **RENEWAL:**

- All licenses expire on December 31 every year.
- All behavior analysts licensed in MT must maintain proof of 10 continuing education credits, of which 1 hour must be ethics, obtained during each consecutive calendar year.
 - No continuing education is required for licensees licensed less than one full calendar year on their first reporting date.
 - All licensed behavior analysts must submit affirmation of compliance to the board on each year's license renewal that they understand their duty to comply with the continuing education requirements for maintaining their license.

APPLICATION FOLLOWS

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Behavior Analyst - \$600.00

Allow 30 business days from the date the Board office has received all required documentation for processing a routine application.

PLEASE PRINT OR TYPE

1. FULL NAME: _____
Last First Middle
2. OTHER NAME(S) KNOWN BY _____
3. BUSINESS NAME _____
4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip
5. HOME ADDRESS _____
Street or PO Box # City and State Zip
- PREFERRED MAILING ADDRESS
 BUSINESS HOME EMAIL ADDRESS _____
6. BUSINESS PHONE _____ HOME PHONE _____ FAX _____
7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____
8. DATE OF BIRTH _____ PLACE OF BIRTH _____
MALE
FEMALE
9. LICENSE NAME: _____
(State your name as it should appear on the license if granted.)
10. List all professional licenses or certificates you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory. Failure to list any past behavior analyst license or certification constitutes a falsification of your application and will result in a declined status of your application and/or disciplinary action.

State	License/Certificate #	Issue Date	Expiration Date	Requested State Verification
				Yes No
				Yes No
				Yes No

11. **NONCRIMINAL JUSTICE APPLICANT'S RIGHTS FORM**

- I acknowledge that I have read the Non-Criminal Applicant's Rights Form and by answering yes, I acknowledge this agency has informed me of my privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes. Yes No
12. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
13. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
14. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No
15. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
16. Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
17. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No
18. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fine of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. Yes No
19. Have you ever been diagnosed with substance use disorder or another addiction, or have you participated in an addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Yes No

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|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 20. | Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. | Yes | No |
| 21. | Have you ever been court-martialed or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. | Yes | No |
| 22. | Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 23. | Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 24. | Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc.)? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 25. | Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 26. | Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 27. | Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 28. | Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc.) If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 29. | I hereby attest that I will continue to abide by the professional and ethical requirements indicated in the Professional and Ethical Compliance Code for Behavior Analysts recognized by the Behavior Analyst Certification Board. | Yes | No |

30. Academic Degrees Received: (Include certificates equivalent to degrees. List latest degree first).

Degree	Date Received	Institution	Major	Minor(s)

31. Post-BACB Certification Supervised Clinical Experience

Duties			
Name of principal supervisor and department			
Institution			
Current Address			
Dates: (From - To)		Actual Total Hours:	

Duties			
Name of principal supervisor and department			
Institution			
Current Address			
Dates: (From - To)		Actual Total Hours:	

Post-BACB Certification Supervised Clinical Experience (Continued)

Duties			
Name of principal supervisor and department			
Institution			
Current Address			
Dates: (From - To)		Actual Total Hours:	

DECLARATION

I authorize the release of information concerning my education, training record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Psychologists. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant _____ Date _____

Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification⁸ by the Board of Nursing that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.⁹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.¹⁰

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.

Signed:

Signature

Date

Printed Name

⁸ Written notification includes electronic notification, but excludes oral notification.

⁹ See 28 CFR 50.12(b).

¹⁰ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



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REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE

APPLICANT: Do **NOT** send this form in with your application. This is to be used as necessary to request official license or certificate verification from other states. Complete the form and mail it to any state board in which you are requesting official license or credential verification be sent to the Montana Board of Psychologists. You may make as many copies of this form as you wish. Be advised that some boards require a fee for this service. It is recommended you contact the boards prior to mailing in this form to see if you need to include payment.

LICENSEE INFORMATION

To Whom It May Concern:

I am applying for a license to practice Behavior Analysis in the State of Montana and the Board of Psychologists requires official license verification. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to:

Montana Board of Psychologists
PO Box 200513
Helena, MT 59620-0513
Or
Email at: unitc@mt.gov

Your prompt response is appreciated.

Name (Please Print) _____ Signature _____

Address: _____
Street or PO Box #

City State Zip

My License or Registration Number from your State is: _____

License or Certificate Type: _____